2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

1.62

PRINTED NAME OF SIGNING DEFICER OR DIRECTOR

SIGNATURE: &

Apr 13, 2005 08:00 AN DOCUMENT # P94000051185 **Secretary of State** 1. Entity Name PARA-MARINE REALTY CO., INC. Principal Place of Business Mailing Address 14683 S MILITARY TRAIL DELRAY BEACH FL 33484 14683 S MILITARY TRAIL DELRAY BEACH FL 33484 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc Suite, Apt. #, etc CR2E034 (10/04) City & State City & State 4. FEI Number Applied For 65-0515149 Not Applicable Zıp Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent MESCHES, LARRY M PA Street Address (P.O. Box Number is Not Acceptable) 222 LAKEVIEW AVENUE SUITE 260 WEST PALM BEACH FL 33401 City Zip Code 3. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept SIGNATURE Signature typed or printed name of registered agent and fit elif applicable (NOTE Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 \$5.00 May Be 9. Election Campaign Financing After May 1, 2005 Fee Will Be \$550.00 Trust Fund Contribution Added to Fees Make Check Payable to Florida Department of State 10, OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. THE ☐ Delete HILE ☐ Change Addition FARHANGI, MOHAMMAD NAME NAME M00000301388 STREET ADDRESS 14683 S MILITARY TRAIL. STREET ADDRESS 04/[3/65-80030-001 150.0C DELRAY BEACH FL 33484 CITY-ST ZIE CITY-ST-ZP TITLE ☐ Delete ane ☐ Change Addition NAME FARHANGI, PARIVASH NAME STREET ADDRESS 14683 S MILITARY TRAIL STREET ADDRESS DELRAY BEACH FL 33484 CITY 51-ZIP CITY-ST-ZIP Dist ☐ Delete TUTLE ☐ Change □ Addition NAME FARHANGI, HOUTAN STREET ADDRESS 14683 S MILITARY TRAIL STREET ADDRESS CHY-St-ZIP DELRAY BEACH FL 33484 CITY-ST-ZIP HILE ☐ Delete THLE Change ☐ Addition NAME NAME STREET ADDRESS SIPEET ADDRESS CITY-ST-ZIP CIJY: ST: 7IP TITLE Delete PRE ☐ Change Addition | NAME NAME STREET ADDRESS STREET ADDRESS CHY-ST Z-P CITY-ST-ZIP me ☐ Delele MLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS City-St. //P CHY-ST-ZF 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes, I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607. Florida Statutes, and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

FILED

561-495-6333